APPLICATION FOR RENEWAL OF ALCOHOLIC BEVERAGE PERMITS

Enclosed is an application for the renewal of your 20XX Alcoholic Beverage Permits.

INSTRUCTIONS:

1. Please make sure the printed information is correct on the label.

Account number

Business name

Owner's name

Business address

Mailing address

- 2. Enter YEAR on the line in the upper right-hand corner.
- 3. (#1) Enter the name of the person completing this form. (This should be the sole proprietor, partner, member or corporate officer). Then enter your social security number.
- 4. (#2) Has the trade name changed? Answer Yes or No. If yes, submit a Schedule A. Enter the current business address. If business address is different from the label, please submit a Schedule A, lease or Act of Sale.
- 5. (#3) Enter the type of business operation.
- 6. (#4) Has the ownership of the business changed? Answer Yes or No. If yes, submit a new application with both City and State.
- 7. (#5) Please report any change in officers of the corporation. Keep in mind these changes should be reported as they take place, because at renewal time it may slow down the processing of your renewal.
- 8. (#6) The change of marital status of any owner, partner, member or corporate officer should also be reported timely, submit a Schedule A & B accordingly.
- 9. (#7) If you are not the owner of the property please make sure a current lease is on file with the Bureau of Revenue. If you have become the owner of the property since your last renewal, please submit a true copy of the Act of Sale and a Schedule A.
- 10. (#8) If you have done renovations to the existing business, you must report in by filing it on the Schedule A application. Approvals are required from Safety and Permits Department and all building permits must be finalized.

11. AMOUNT DUE:

Liquor \$xxx.xx Beer \$xxx.xx Processing Fee \$xxx.xx

Processing Fee \$xxx.xx

Total Due \$xxx.xx* Total Due \$xxx.xx*

Payment must be made by **cashiers check or postal money order <u>only</u>**, payable to the City of New Orleans.

SIGNATURES:

Renewal applications must be signed by a corporate officer, partner, member or owner and must be notarized.

DUE DATE: April 1, 20XX

Be advised that the City passed an ordinance in January 2006, which addresses non-conforming use. Businesses damaged as a result of the hurricanes have one (1) year to restore the business, instead of the six (6) month rule in years past, without jeopardizing its zoning. It is imperative that business owners notify the local ABO office of their intention to rebuild or to close.

Completed renewals and remittance are due on or before April 1, 20XX and become delinquent on April 5, 20XX.

CLEARANCE FORMS:

City Tax Clearance forms may be obtained in the Revenue Office, Room 1W15, City Hall or a fax request can be submitted to (504)658-1605. The Alcoholic Beverage Unit can be contacted at (504) 658-1674. The original clearance form received from the State Department of Revenue and Taxation, 1555 Poydras St. #900, 568-5233, must be submitted with your City renewal. You must have a form from the City and one from the State to submit with each renewal.

PENALTIES:

Penalties are assessed on the 5th day of April. Renewals received after the 5th will be subject to penalties at \$25.00 per month on liquor permits and \$34.00 fee on beer permits.

Schedules A and B can be obtained from the Department of Finance/Bureau of Revenue, Room 1W15, 1300 Perdido St. New Orleans, LA 70112 or by calling (504) 658-1674.

If you need any additional information, please visit the Bureau of Revenue, City Hall, Room 1W15 or call (504) 658-1674.

Yours truly,

Alcoholic Beverage Unit City of New Orleans

_		by the owner, partner, member or one corp cashier's check or postal money order, pay 1W15, City Hall, 70112, on or before the f	rable to the City of New Orleans; to Room irst day of the second month preceding the year. Renewal affidavits filed five (5) days	
1. Name of applicant			Social Security #	
	Name of applicant Social Security # Social Security #			
2.		Business Address(Complete address)		
	If yes, give new name	Bus. Phone #	(Complete address)(required)	
3.	Type of business operation (Bar, Nighton	club, Grocery Store, Restaurant, etc.)		
4.	Has type of ownership changed? Orleans and the State Alcohol Beverage	If yes, a new application must be filed with the City of New Control		
5.	If a corporation or LLC, has there been any change in the officers or members of the corporation or LLC? If yes, you will need to complete an amended Schedule "A" and a Schedule "B" on any new officer(s) or member(s), plus a copy of the minutes of meeting stating these changes.			
6.	Has the marital status of the owner(s) or affidavits must be attached to this affida	any corporate officer(s) changed?vit for renewal.	If yes, new Schedule "B"	
7.	Are you the owner of the property wher the leased property? including postal code and a copy of a ne	e the business is located? Please provide the complete name and w lease/sub-lease with this affidavit	If leasing, what is the expiration of address of the property owner,	
8.	Has there been any change as to the exa outlined in the Schedule "A" presently of	ct space to be occupied in the establishmen on file? If so, please sub	nt of the alcoholic beverage outlet as mit an amended Schedule "A".	
y ti v p le ti	t, the undersigned, do hereby submit applyear as indicated above and do swear and a chat I have not been convicted of a felon within one (1) year of the date of this repartner or corporate officer) are acting for etters, granting any rights of ownership, or	affirm that I have read each of the questions y nor have had a conviction or judgment enewal application. I also affirm that any any third party or have executed any agr interest to any other person or persons no ge permits is subject to subsequent revoce City of New Orleans.	leans, Alcoholic Beverage Permits for the s in the foregoing instrument. I also affirm against me involving alcoholic beverage permit holders (whether sole proprietor, eements, verbally or in writing or counter t disclosed in the application. I understand action or suspension for violations of law	
		PRINT NAME:		
Sw	orn to before me this da	HOME ADDRESS: y		
		<u></u>	(Complete including postal code)	
OI.		ABO RENEWAL FEES	(Complete including postal code)	
L	IQUOR	<u> </u>		
В	BEER			
A	BO PROCESSING FEE			
LIQUOR PENALTY				
В	EER PENALTY			
TOTAL				